

Oley Webinar Blenderized Tube Feeding Q&A not covered on the video

1. Is it a clinical hesitation that blenderized formulas may burn out pumps?

Lisa Epp: That and that accuracy is decreased (one study quotes 17-88% accuracy). Also, since food can only be at room temperature for 2 hours, it would be time consuming to ensure good food safety practices.

2. My little girl who is peg fed suffers from severe reflux and positing. We are about to start the blended diet as a last attempt to help this before we have to opt for a jejunostomy. She is also on the ketogenic diet. Have there been any studies to show a drastic improvement in reflux? And have there been any implications with regards to constipation?

Lisa Epp: There is one small study in which 33 children were given blended diet.

Pentiuk S, O'Flaherty T, Santoro K, Willging P, Kaul A. Pureed by gastrostomy tube diet improves gagging and retching in children with fundoplication. JPEN J Parenter Enteral Nutr. May 2011;35(3):375-379.

This same study, as well as others have showed improvement in bowel patterns.

3. Is there a standard size French tube?

Lisa Epp: 14 French is recommended, but with thinner blends smaller French sizes may work.

4. Do you know where I can look for info on using blenderized feeds with a J-tube?

Lisa Epp: I really don't, this is new territory.

5. Do blenderized diets have a tendency of clogging the tubes? How often does it cause a replacement device to be needed?

Lisa Epp: There is no evidence, in which I am aware, that tubes clog more often with blenderized feeding. I think clinicians feel it may wear out more quickly but I have not seen this in research.

6. Do blenderized feeds degrade the tube faster than commercial formulas. This is a reason my manager gives for not supporting BTF.

Lisa Epp: There is no evidence to support this, which I have seen.

7. I had a question about keeping the tube clean with blenderized product, do you see any increased fungal growth in the tube? Would you recommend occasional flushes with vinegar or another antimicrobial tolerated by the GI tract?

Lisa Epp: I have not seen an increase in fungal growth. One could argue with a healthier microbiome that there may be a decrease. More studies are needed here. I do not recommend vinegar flushes.

8. Do you know of foods that do not work well in blenderized tube feeding?

Lisa Epp: For me, olives are hard to blend. Things with skins (beans, peas, corn) may also be difficult to blend. If you have an industrial strength blender I think everything blends pretty well.

9. Would you recommend a gradual transition (eg. ½ formula and ½ blenderized food) before totally going to BTF?

Lisa Epp: yes, this is a great idea and there is a transition scheduled in The Registered Dietitian Nutritionist's Guide to Homemade Tube Feeding, JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS.

10.If someone switches to a blenderized diet, does it affect their insurance coverage of tubing etc.?

Lisa Epp: Medicare does not cover tube feeding supplies if you are not ordering formula. Therefore, yes for these patients they could lose insurance coverage. Other insurances vary by plan.

11.Do any of your patients use calorie tracking apps to ensure adequate calorie intake?

Lisa Epp: Yes, something like My Fitness Pal or Lose It can work well.

12.Twenty-two years out from Stage 4 throat cancer. Dysphasia and dead tongue keeps me from eating every meal. Using high calorie, high protein mix from GNC. Is there a commercially available packaged 1,300 calorie meal?

Lisa Epp: Not that I am aware.

13.Do you see problems with some blenderized foods causing foaming when blended and what have you done to deal with this? (with using added milk or oral supplements as part of formula.)

Lisa Epp: Yes, I have seen this. We have patients draw up food into the syringe, turn it upside down and shake the air to the top before administering the food.

14.What temperature do you recommend the food to be?

Lisa Epp: room temperature, as long as it isn't at room temperature for longer than 2 hours.

15. Hang time is 2 hours but what is the recommendation for blended food that you have made ahead of time (how long stored and left at room temp before use or when to throw out.)

Lisa Epp: We use USDA guidelines:

1. Always refrigerate perishable food within 2 hours
2. Use cooked leftovers within 4 days.

See https://www.fsis.usda.gov/wps/portal/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/basics-for-handling-food-safely/ct_index for more details.

16. How do you combat the desire for patients to follow fad diets (i.e. recently popularized ketogenic diet) through blenderized tube feeding, specifically the cancer population?

Lisa Epp: I am open to hearing ideas but try to bring in the science/evidence behind things as much as possible.

17. If a syringe pump is currently able to push a blended diet through the legacy sets, would it be able to push it through the ENFit sets?

Lisa Epp: People blend food so differently, and have all different types of tubes. It is difficult to say without knowing the specifics.

18. How about within the 2 hours of hanging time? Should they avoid certain combinations of food to avoid coagulation, such as milk and lemon juice, etc.?

Lisa Epp: Great question, I have never had problems with that.

19. With those patients who have had insurance coverage with commercial BTF, was there any additional criteria that was required to submit?

Lisa Epp: Some examples would be to document Intolerance to standard formula (nausea, diarrhea, reflux, constipation). Or documentation of allergies, in which standard products would be unsafe to try.

20. What tube clogging issues have you come across?

Lisa Epp: I think using the syringe as a safety net has helped our patients decrease clogging. If the blend is thin enough to pull up in the syringe (rather than fill from the top), then it shouldn't cause a clog.

21. Does the tube need to be changed more frequently with blended formula compared to standard?

Lisa Epp: I have not found any literature to support this. It may become discolored but this is usually not harmful.

22. Do you do anything routinely to help decrease risk of clogging the tube?

Lisa Epp: Adequate water flushing

23. How do others deal with breakdown/broken feeding pumps due to the viscosity and large particle sizes in the blenderized feeds? Particularly with Liquid Hope and Nourish?

Lisa Epp: This is a great question. I am not sure.

24. What about Jevity 1.2 and 1.5?

Lisa Epp: These are standard enteral formulas that are available to patients.

25. What is the suggested incline for monitoring lab values? What lab values should be tested?

Lisa Epp: See ASPEN guidelines for Enteral Practice, routine lab monitoring is not recommended and should be decided based on the patient's clinical status.

26. Reference to hygiene risks with blenderized diets via the gastrostomy, your experience has there been many reported cases?

Lisa Epp: I have not seen any reported cases (personally or in the literature) of illness from blenderized diets.

27. Please comment on adding modular to home blended regimes.

Lisa Epp: When patients are volume restricted things such as calorie powders, oils, protein powders can be useful.

28. How to find and create blenderized meals on the low fodmap diet?

Lisa Epp: I am not aware of any premade recipes that address a fodmap diet.

29. Would like it if non-dairy, non soy, and possibly ketogenic options were addressed.

Lisa Epp: This is the beauty of blenderized tube feeding, you can individualize it to meet these needs.

30. I am limited in the volume that I can take in daily. How can I get the blended meal to best flow through the small Mic-Key tube?

Lisa Epp: I would recommend using a straight bolus connector

31. How long does it take for insurance companies to see the benefits of BTF to be more open to coverage?

Lisa Epp: I wish I knew, but it does seem to be getting easier to get these items covered, than it was 1 year ago.

32. I have Achalasia. Do you deal with others with Achalasia? Most seem to resort to surgery.

Lisa Epp: This is a question best answered by your doctor.

